FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees | A ETHICS AND for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and StateUIUMAY 2 | AM 8: 42 Reset Form

COMMITTEE NAME (Must be some on an Otal and the						
COMMITTEE NAME (Must be same as on Statement of Orga	anization)	,				
Committee to Elect Veronica Rardin for Recoder		FORM				
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School	.	DR-2 (Rev. 12/2009) For Office Use On	DISCLOSURE REPORT			
11) Local Ballot Issue			Comm. #			
CANDIDATE COMMITTEES ONLY: Candidate Name						
Veronica Rardin	Political Party (if applicable) Democrat		Scanned			
Office Sought Boone County Recorder	District (if Senate or House)		Audited	·		
Late reports are subject to possible civil and criminal penalties. Pur candidate's committee, and the chairperson, for any other type of c	suant to lowa Code sections 68B.32A ommittee, is the individual responsible	(7) and 6 for filing	8A.401(3), the car timely and accura	didate, for a te reports.		
Veronica Raydin	515-432-2060		5-18-20			
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SI	GNED		
I AM FILING A May 19, 2010	REPORT FOR (1) ELECTION	/(2)NON	- ELECTION YEA	AR.		
(report date)	Indicate by					
CHECK IF AMENDMENT TO REPORT DATED			mmittees, enter Dat	e of Election		
☐ Check if this is final (termination) report and attach Notice o (You must continue to file reports until a DR-3 is filed	f Dissolution Form DR-3. .)		Local Committees, ction is held	enter County in		
STATEMENT OF CASH ON HAND						
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of of the last reporting period or must be zero if this is fir	ash on hand at the end	. \$	0.00			
ADD TOTAL MONEY TAKEN IN THIS PERIOD	• ,	•				
Schedule A: Cash Contributions total (Attach Schedu	le A) (*aka see in kind helmu)		942.00			
Schedule F: Loans Received total (Attach Schedule	The state of the s			·		
Schedule H: Total Sales of Campaign Property (Atta						
(Schedule H applies to Candidates' Comm		•••••				
Todasaue il applies to caldidates. Colini	SUB-TOTAL		942.00			
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	308-101AL					
	rand		33.00			
Schedule B: Expenditures total (Attach Schedule B)	•		33.00	· · · · · · · · · · · · · · · · · · ·		
Schedule F: Loan Repayments total (Attach Schedul						
CASH ON HAND at the end of this reporting period (if final reporting	ort balance must be zero)	\$	909.00			
*UNPAID BILLS (From Schedule D - Attach Schedule D)			173.95			
'IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	310.00			
*OUTSTANDING LOANS (From Schedule F - Attach Schedule	e F)	\$				
CONSULTANT BREAKDOWN (Schedule G Attached?)		•	YES N	10		
CANDIDATE COMMITTEES ONLY:				-		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)	\$				
	•	-				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including cardidate's personal funds)	(THEOLIN TO
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Committee to Elect Veronica Rardin for Recorder	/ WILL	ADINO I ONIVI

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/23/2010	CK# ₆₅₄₀	Jim P. Robbins 255 SW Ringold St Boone IA 50036		\$100.00	✓
4/2/2010	ID# CK# 6122	James A McGlynn 1414 Des Moines St Webter City IA 50595	Cousin	25.00	1
4/20/2010	CK#	Fran E. Frazier 518 6th St Boone IA 50036	Sister	15.00	
4/24/2010	ID# CK# 3778	Angela M. Patterson 4 Pine Tree Dr Apt 25 Arden Hills MN 55112-3778	Niece	40.00	1
5/4/2010	ID# CK# 1567	Monica Pearson 1716 SE Linn St Boone IA 50036		25.00	1
5/6/2010	ID# CK# 1811	FD Chip Baltimore II 521 S Delaware St Boone IA 50036		50.00	1
5/7/2010	ID# CK# ₁₈₁₁	Kathleen Kelly 1428 Kate Shell Drive Boone IA 50036		20.00	1
5/7/2010	ID# CK# ₂₇₅₉	Thomas C Matt 806 Division St Boone IA 50036		20.00	1
5/7/2010	ID# CK# 1721	Denette Bovey 812 Montana St Boone IA 50036		20.00	1
5/7/2010	ID# CK# 6169	James A McGlynn 1414 Des Moines St Webster City IA 50595	Cousin	25.00	1
			SUB-TOTAL	\$ 340.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

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Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	(rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Veronica Rardin for Recorder		CK THIS BOX IF NDING FORM

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5/7/2010	CK# ₇₈₁₈	Donovan Olson 2103 Greene St Boone IA 50036		\$25.00	INCOME.
5/7/2010	ID# CK# ₇₉₈₉	Patty Mack 1245 Jade Place Ogden IA 50212		25.00	1
5/7/2010	ID# CK# 1062	Stephen Duffy 1028 Aldrich Ave Boone IA 50036		25.00	V
5/7/2010	ID# CK# 8231	Ronna O'Brien 1145 Montana LN Boone IA 50036		25.00	/
5/7/2010	ID# CK# ₇₃₄₁	Georgia Robertson 1077 U Ave Boone IA 50036		25.00	1
5/7/2010	ID# CK# ₇₇₉₇	Richard T Jordan 1326 Southview Ct Boone IA 50036		50.00	1
5/7/2010	ID# CK# ₅₁₁₀	Sheryi J Thul 211 S Tama St Boone IA 50036		50.00	4
5/7/2010	ID# CK#	Unitemized Cash		307.00	1
5/9/2010	ID# CK# 2080	L Dean Nystrom 1002 Parkway Dr Boone IA 50036		25.00	1
5/11/2010	ID# CK#	Marian Moore 109 Cedar St Boone IA 50036		10.00	✓
	1		SUB-TOTAL	\$ 567.00	

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(for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Veronica Rardin for Recorder		CK THIS BOX IF NDING FORM
	<u> </u>	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/11/2010	ID# CK#	Corky Anderson 411 S Greene St Boone IA 50036		\$10.00	INCOME.
5/13/2010	ID# CK# ₁₃₀₃₃	Mary McGlynn Burns 501 Roberts Ter Marshalltown IA 50158	Cousin	25.00	4
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
	ID#				
· · · · · · · · · · · · · · · · · · ·	CK#				
	CK#			7.7.4	
	CK#				<u> </u>
	CK#				
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$ 35.00 c 942.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 3 (for Schedule A)

942.00

SCHEDULE

MONETARY

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
. —	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Veronica Rardin for Recorder	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/12/2010	ID# CK#1	The Ogden Reporter Box R Ogden IA 50212	Ad for Pie/Icecream Fundraiser	\$ 33.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
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	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	<u> </u>		SUB-TOTA	AL \$ 33.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page		of	

\$ 33.00

TOTAL (if last page of this schedule)

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Veronica Rardin for Recorder		(Rev. 0
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	Reset Form	

SCHEDULE D INCURRED INDEBTEDNESS CHECK THIS BOX IF AMENDING FORM

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

___ of 1

(for Schedule D)

has be			ess of whether an invoice en received.	
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*	
5/5/2010	Wilcox Printing 102 S Main St Madrid IA 50156	Ad for Pie/ice cream Fundraiser	25.00	
5/5/2010	Boone County Shopping News and Boone News Republican 2136 Mamie Eisenhower Ave Boone IA 50036	Ads for Pie/ice cream Fundraiser	79.95	
5/7/2010	Veronica Rardin 1114 Marshall St Boone IA 50036	Rental Fee paid to Boone County Historical Society for Fundraiser	75.00	
		SUB-TOTAL		
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD		173.95 \$ 173.95		

CANDIDATE COMMITTEES NOTE:

*If actual figure is unknown, show "estimated" beside the figure.

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, politing, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRI	ICTIONS	SEE DACK	OF FORM
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		1 E 1	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	CONTRIBUTIONS
Committee to Elect Veronica Rardin for Recorder			
			THIS BOX IF
	Reset Form	AMENL	ING FORM

DATE RELATIONSHIP DESCRIPTION **ESTIMATED** √ IF FOR RECEIVED NAME AND ADDRESS TO CANDIDATE OF IN KIND FAIR MARKET **FUND-RAISER** (MM/DD/YR) OF CONTRIBUTOR * (if applicable) CONTRIBUTION VALUE CONTRIBUTION Fran Frazier 2 pies for Pie & Ice Sister 20.00 518 6th St Boone IA 50036 5/7/2010 Cream Fund Raiser Keri McGlynn Niece 2 pies for Pie & Ice 20.00 5/7/2010 1012 Washington Stratford IA 50249 Cream Fund Raiser Stephanie McGlynn 2 pies for Pie & Ice 20.00 Niece 5/7/2010 1313 Garst Ave Boone IA 50036 Cream Fund Raiser **Chris Downy** 1 pie for Pie & Ice 10.00 5/7/2010 219 SW 7th St Ogden IA 50212 Cream Fund Raiser Pam Nystrom 4 pies for Pie & Ice 40.00 5/7/2010 1827 Boone St Boone IA 50036 Cream Fund Raiser Bonnie Jenison 2 pies for Pie & Ice 20.00 5/7/2010 2375 Lolee View Dr Ames IA 50010 Cream Fund Raiser Kay Adams Sister 1 pie for Pie & Ice 10.00 5/7/2010 138 Mathews Dr Gilbert IA 50105 Cream Fund Raiser Cris Nystrom 2 pies for Pie & Ice 20.00 5/7/2010 248 Ringold St Boone IA 50036 Cream Fund Raiser Ellen Fairchild 2 pies for Pie & Ice 20.00 5/7/2010 990 213th Pl Ogden IA 50212 Cream Fund Raiser Gretchen McGlynn 1 pie for Pie & Ice 10.00 5/7/2010 1414 Des Moines St Webster City IA 50595 Cream Fund Raiser SUB-TOTAL 190.00 TOTAL (if last page of this schedule)

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Page 1 of 2 (for Schedule E)

SCHEDULE

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Veronica Rardin for Recorder	

SCHEDULE	
E	IN-KIND
(Rev. 06/97)	CONTRIBUTIONS
	(THIS BOX IF DING FORM

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
5/7/2010	Veronica Rardin 1114 Marshall St Boone IA 50036	Ме	2 pies for Pie & Ice Cream Fund Raiser	\$ 20.00	1
5/7/2010	Rita Parker 1981 172nd St Boone IA 50036	Cousin	2 pies for Pie & Ice Cream Fund Raiser	20.00	1
5/7/2010	Marian Moore 1981 172nd St Boone IA 50036		1 pie for Pie & Ice Cream Fund Raiser	10.00	1
5/7/2010	Becky Lyon 1416 SE Linn St Boone IA 50036		Peach Coffee Cake for Pie & Ice Cream Fund Raiser	10.00	1
5/7/2010	Jeanne Lucas 1723 12th St Boone IA 50036		Rhubarb Crisp for Pie & Ice Cream Fund Raiser	10.00	1
5/7/2010	Fran Frazier 518 6th St Boone IA 50036	Sister	Ice Cream for Pie & Ice Cream Fund Raiser	11.97	\
5/7/2010	Cyndee Olson 516 Fremont St Boone IA 50036		1 pie for Pie & Ice Cream Fund Raiser	10.00	1
5/7/2010	Sheryl Thul 211 S Tama St Boone IA 50036		1 pie for Pie & Ice Cream Fund Raiser	10.00	4
5/7/2010	Fran Frazier 518 6th St Boone IA 50036	Sister	cups, cutlery & plates for Ice Cream Fund Raiser	18.03	4
			SUB-TOTAL	\$ 120.00	
TOTAL (if last page of this			TOTAL (if last page of this	\$ 310.00	

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Page 2 of 2 (for Schedule E)

schedule)